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ABSTRACT

This paper focuses on shedding light on three aspects--or faces--of alcoholism. The paper, in an interview format, presents the perspectives of the recovering alcoholic, a mother of the recovering alcoholic, and the adult child of an alcoholic. It also provides brief medical definitions of the various types of alcoholism. The paper points out that most people are not well-educated about alcohol and alcoholism, or about how alcoholism can affect family and interpersonal dynamics and suggests that the first thing an individual should do when presented with a family member or a friend who is an alcoholic is to educate himself or herself about alcoholism. The paper contends that supportive interpersonal relationships are almost as crucial to recovery as are support groups like Alcoholics Anonymous. (Contains nine references.) (NKA)

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Three Aspects of Alcoholism: The Recovering Alcoholic, Adult Child of an Alcoholic, and Mother of an Alcoholic

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Alcoholism is without question one of the most devastating diseases to afflict humanity. The Alcoholics Anonymous "Big Book" estimates that at any one time, there are ten million active alcoholics in the American population. Alcohol is a major factor in thousands of deaths each year; most of these are from traffic accidents. Other alcohol-related deaths are the result of homicides and suicides. And it is known that alcoholics generally have poor health and most die at a younger age than do non-alcoholics. Alcohol is re-sponsible for the disintegration of families, and the destruction of the circle of friends around the family.

The focus of this paper is to shed light on three aspects-- or faces--of alcoholism. The perspectives of the recovering alcoholic, a mother of a recovering alcoholic, and the child of an alcoholic will be examined. Brief medical definitions of the various types of alcoholism will also be provided.

In the book Alcoholics Anonymous--often called "the Big Book" by recovering alcoholics--an entire chapter is devoted to the recovering family and its typical dynamics. The first important thing is for the family members to educate themselves about alcoholism. Most families are not informed about alcoholism. Once an alcoholic makes the decision to recover, the family has one of two typical reactions:

1. The recovering alcoholic is "placed on a pedestal" for his attempt at recovery. Over time, this has proven to cause many alcoholics to relapse. Having such high expectations placed on him is often more stress than the recovering alcoholic can handle ("Big

Book" 122-23).

2. The more successful and positive response is for the family to treat the recovering family member with tolerance, compassion, and understanding (124).

The Big Book cautions that the process of recovery is not an easy one. Evidence of this is made clear in an interview with a recovering alcoholic. Because of Alcoholics Anonymous guidelines which request that all interviewed sources remain anonymous, he will be referred to only as S.S.

> Q: Do you find it difficult today to be a recovering alcoholic when alcohol is everywhere?
> S.S.: Sometimes it is. I can go for weeks without even thinking about taking a drink. Then I'll see an ad for a beer, or I'll be in a "wet" restaurant and I'll see a mug of beer or a shot of liquor. It looks good for a split-second, and then the craving is gone.
> Q: When are the times that it is hardest for you to resist temptation?
> S.S.: When I'm severely stressed out, mainly. Sometimes when I'm scared about something, the notion of taking a drink pops into my head.

A common reaction for the recovering family is to "cover up" any unpleasant or embarrassing acts that the recovering alcoholic committed in his drinking days. Once again, S.S. explains:

> Q: How did drinking affect your behavior? For instance, did you ever become violent or abusive?
> S.S.: Much as it pains me to admit it, I did both. But it's very important to talk about it. If you don't talk about it, you run the risk of it happening again. I argued with my parents a lot when I was drunk, and the fights nearly became physical on a couple of occasions. I did beat one of my ex-girlfriends three times when I was drunk and angry. Believe me, it's not something I'm proud of. The Big Book cautions us to not "bury these skeletons in a dark closet and padlock the door" (123).

S.S.'s mother--who will be referred to as H.S.--agreed with her son.

> Q: How did your son act when he was drunk?
> H.S.: He was very pedantic; he liked to lecture people. There were a few times when he would get argumentative. Neither he or I like to talk about it, but he says that in A.A., it's important to acknowledge the past and not ignore it.

The importance of keeping a network of recovering friends is also important to the recovering alcoholic, according to S.S.:

> S.S.: A recovering alcoholic should attend A.A. or a similar group and make sober friends. When alcoholics are active, they tend not to choose the best friends. People in A.A. are encouraged to call fellow A.A. members if they get the temptation to drink. They can call any time, day or night. It's that kind of support that really helps.

The perspective of an adult child of an alcoholic is quite different. An elderly woman named M.W. grew up with an alcoholic family member:

> Q: How did growing up with an alcoholic family member affect you personally, socially, and educationally?
> M.W.: It got to the point that in my later years, I didn't like that family member very much. It was very fortunate that my mother taught me and my siblings the importance of being strong and relying on one another. The only social impact that I can remember is when I would be standing outside with my friends in the evening, I was praying that my family member wouldn't come home drunk and say something really stupid. I don't think it affected me from an educational standpoint.

It becomes clear from M.W.'s words that it is important to recognize the fact that one is an alcoholic. S.S. agrees:

> Q: Did you ever think that you were an alcoholic?
> S.S.: About one week before I was arrested, I began to consider the possibility that I had a *problem*; I wasn't ready to think of myself as an alcoholic, though.

From this point, the task is to define alcoholism. In E.M. Jellinek's <u>The Disease Concept of Alcoholism</u>, there is a medical distinction of several different types of alcoholism: alpha, beta, gamma, delta, and epsilon (Jellinek 36-39). In the same text,

there is a definition of alcoholism from the societal point of view:

" . . . [A]lcoholism [is] any use of alcoholic beverages that causes any damage to the individual or society or both (35)." It is all a matter of perspective, however. Different people define the nature of alcoholism in a different way. S.S. views an alcoholic in this way:

> Q: How do you define an alcoholic?
> S.S.: Because of my medical background, I prefer to think in terms of the medical model of alcoholism, what is called the "disease model." What this means is that my definition of an alcoholic is a person who sincerely believes that he *cannot* live without alcohol, and that this is actually true from a biological perspective. To an extent, a long-term alcoholic <u>can't</u> live without alcohol; his cells become addicted and attenuated to its presence.

S.S.'s mother takes a simpler, more practical view:

> H.S.: I think that alcoholism is a condition in which the alcoholic develops a paradoxical allergy to alcohol. The alcoholic wants to drink, even <u>needs</u> to drink, but he knows it's going to make him sick.

M.W. has the simplest definition of all, but it has striking similarities to S.S.'s and H.S.'s opinions.

> M.W.: I define an alcoholic as someone who just plain drinks too much. You know, the sort of guy who goes on benders, and isn't satisfied with just one drink. He's just got to have more.

From a medical standpoint, the three interviewees have described gamma alcoholism as defined by Jellinek:

> "[Gamma alcoholism is] . . . that species of alcoholism in which (1) acquired increased tissue tolerance to alcohol, (2) adaptive cell metabolism, (3) withdrawal symptoms and 'craving,' i.e., physical dependence, and

(4) loss of control are involved" (37).

Jellinek also is of the opinion that gamma alcoholism "impairs interpersonal relations to the highest degree. The damage to health in general and to financial and social standing are also more prominent than in other forms of alcoholism" (37).

Once the truth is out--that a family member is indeed an alcoholic, and has decided to get help--certain steps must be taken. These guidelines on how to live in "quality sobriety," as it is called, are invaluable, according to S.S.

Most important is to practice recovery in moderation. Alcoholics have a tendency to run to one extreme or the other. But the Big Book cautions that one should not overdo it: " . . . [h]e may be so enthralled by [the process of recovery] that he talks or thinks of little else" (Big Book 126). The recovering alcoholic is encouraged to work on rebuilding his family relationships. S.S. indicates that this is difficult work, but it is highly rewarding.

> Q: How does your family get along now that you're not drinking?
>
> S.S.: I think we get along better now than we did even before I started drinking.

Also according to S.S., there are two quotes that epitomize the A.A. theory of improving family relations and having a spiritual program at the same time. Both come from the Daily Reflections book published by Alcoholics Anonymous' World Services Organization.

The first states that " . . . a spiritual life which does not include family relations may not be so perfect after all" ("Reflections" 171). The second is that "[t]he spiritual life is

not a theory. *We have to live it*" (171).

In Family Addiction: An Analytical Guide, the author assumes that the medical--or disease model--of alcoholism is correct. Further, it suggests that to analyze the hereditary paths of addiction, it is necessary to have a basic understanding of the various family models and how they evolve (Ruben 4).

The text then lists 16 of the most commonly accepted family models that were circulated in the decade prior to the publication of the book. The most common and easily recognizable is the *institutional model*, which is the conventional nuclear family (5). Also, there is a detailed discussion of the *human ecology model*. In this model, " . . . [there are] four systems revolving around the child. These include microsystem, mesosystem, exosystem, and macrosystem" (14). The ecological systems have a direct causal effect on the child; as the child's life deteriorates in each sphere, there is a correlating downturn in the entire family model (14-15). While this model may not seem directly applicable to the alcoholic family, it is in fact quite applicable. In the terms of an alcoholic family, as the alcoholic goes down in a gradually increasing spiral of destruction, he takes his family with him.

In another book of daily meditations, entitled Keep It Simple, there is an apt quote that applies to the families of many alcoholics. "Many of us come from families that aren't very healthy for us. Many families have lots of love but aren't able to show it" ("Simple," 13 July). S.S. explains further:

S.S.: The problem of being a recovering alcoholic is

> commonly compounded by simultaneous recovery from other substances, like marijuana. So, we have to face withdrawal from not just one drug, but two or more. Without family support, it can seem like an impossible task. Recovery is not an easy thing to accomplish, and without a strong support network, it nearly is impossible.

Narcotics Anonymous (referred to as "the Black Book"), stresses the necessity of accepting the truth about addiction. If the addict/alcoholic can do that, recovery will follow. And with recovery comes a stabilization in family life and other matters (Black Book 90).

H.S. related some of her own family history, and showed that there is not always a family link, however.

> H.S.: My son is adopted, and we don't know much about his biological parents. It is possible that one or both of them were alcoholics, or that they had a genetic predisposition to alcoholism. My father drank quite a lot, but I don't think he was an alcoholic. He could stop whenever he wanted to. My son still thinks that he may have unconcsciously learned some of his bad habits from my father, and I must admit that it's possible.

M.W. stated that she was uncertain if anyone else in her family was an alcoholic, and was not willing to venture a guess as to whether there was a genetic predisposition in her family towards alcoholism.

There are many adjustments that recovering alcoholics have to make. S.S. states that going to A.A. meetings is an integral part of his recovery program, and that psychotherapy has also proved helpful. He says:

> S.S.: See, there's no longer the stigma of being insane, or really sick if you're seeing a mental health professional. A lot of people who wouldn't have gone to see psychologists ten years ago are going now; they realize that it's okay to get help. It's a huge help to me that I

> can go talk to someone about my life who isn't directly involved, and can look at the situation with unbiased eyes. A lot of other alcoholics think the same thing; a great many of my home group members also are in psychotherapy.

The families of alcoholics have to make adjustments as well. H.S. says that the main impact on her life has been that she thinks about alcoholism with a great deal more care. Having an alcoholic son has changed her perspective, she says. H.S. also said that she had gone to Al-Anon meetings, but found that they were not what she needed.

> H.S.: The people in those meetings were dealing mainly with issues involving family members who were still actively addicted. They couldn't really give me advice on how to cope with a son who was in active recovery. When my son was in IOP (*i*ntensive *o*ut*p*atient) therapy, family members were allowed and actually encouraged to attend the Friday night sessions. I got a lot of valuable information and ideas in those meetings.

M.W. said that because she found her father unpleasant to be around, she simply arranged her schedule to spend as little time around him as possible. Because her father never tried to recover, she said, she had not found it necessary to deal with the changes that recovery brings. She did say that she knows a couple of recovering alcoholics, and tries to offer them as much support and encouragement as she can.

> H.S.: There have to be allowances made for the various types of families. Ours is not a typical family; I live here, and my husband in Illinois. My daughter and her husband live near Chicago. With that in mind, you can't call us a "typical family." We all do what we can to help my son stay sober, but the things we do might not be what other families need to do.

Families where all individuals live in the same town have more opportunities to attend meetings together, have home discussions, and engage in other recovery-oriented activities. Of H.S.'s four

family members, there are three different cities of residence.

S.S. stresses the importance of obeying the fundamental "rules" of recovery.

> S.S.: One of the first things that someone has to do in early recovery is to pay heed to an adage that is used in both A.A. and H.S. It says "Avoid your old playgrounds, playmates, and play toys." In simpler words, once you're in recovery, no more hanging around in bars with the guys that you hung around with, and get rid of your beer bottle collection. Now, you won't find that in the Twelve Steps, which is more or less the path to recovery according to A.A. and N.A., but it's strongly encouraged.

Also, the recovering person is encouraged to avoid unnecessary complications for the first year of sobriety. The things that fall under unnecessary complications are: romantic entanglements, stressful school or job commitments, and similar things (Big Book 131).

If the recovering alcoholic is already in a permanent romantic situation, it is recommended to take things slowly, and work with professional counselors if necessary (131). Supportive interpersonal relationships are crucial to recovery--almost as crucial as support groups like A.A.

In conclusion, the process of recovery is a long and twisted road to travel. With a basic education about alcohol and alcoholism and good interpersonal communication and support from friends, family, and support groups like Alcoholics Anonymous, it can be made much easier, and hopefully, it should be more effective.

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